

Housing Benefit: Landlords/Agents Declaration – Proof of Rent Charged

Your tenant has asked you to complete this form because they want you to confirm how much rent they pay. Please help your tenant by completing it.

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|--------------------------|--|
| Tenant's Name: | Landlord/Agent's Name: Telephone: |
| Tenant's Address: | Landlord/Agent's Address: |

Are you or your partner related to the person claiming Housing Benefit, their partner or any child in their care? No Yes If yes, please state relationship below

When did the tenancy start? How long is the tenancy for?

What is the full rent charged? When was the last rent increased?

How often do you collect the rent? (please tick) Weekly Monthly 4 weekly Other, please specify: _____

How is the rent paid? (please tick) Cash Cheque Direct Debit Standing Order Other, please specify: _____

Is the rent paid up to date? (please tick) No Yes If no, give details of arrears: _____

Does the rent include meals? (please tick) No Yes If yes, which meals are included? Breakfast Lunch Evening Meal

Are any of the following included in your tenant's rent? State how much (if known)

| | | | |
|------------------|--|---------------------------|--|
| Water charges | No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ | Laundry | No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ |
| Heating | No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ | Cleaning rooms or windows | No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ |
| Lighting | No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ | Gardening | No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ |
| Hot Water | No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ | Garage or Parking Space | No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ |
| Fuel for cooking | No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ | Personal Care and Support | No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ |

If there are any other services included in the rent please tell us about them?

Declaration

I confirm that all the information I have given about is correct. I understand that if I give false information or fail to report a change in circumstances I may be prosecuted.

Signature Date

Please return this form to your tenant for them to forward on to us, or send this form to the address shown above. If your tenant has asked us to pay you direct, please also complete the declaration overleaf.

Housing Benefit: Landlords/Agents Declaration – Direct Payment

This declaration only needs to be completed if payments are to go direct to your landlord or their agent. Please complete Part 1 and ask your landlord or their agent to complete Part 2. Do not delay returning the claim form while this form is being completed.

Part 1 (to be completed by the tenants)

Tenant's Name:

Tenant's Address:

Part 2 (to be completed by the landlord or their agent)

Your tenant has asked you to complete this form because they want payment of Housing Benefit to go direct to you. Please help your tenant by completing it.

I (Landlord/Agent's Name)
of (landlord/Agent's Address)

agree to accept payment of Housing Benefit for the tenant(s) named on this form.

I understand that by law:

I must tell the Benefits Section straightaway if I find out about any change in the tenant's circumstances;
You can stop paying Housing Benefit to me if I do not tell you about any change of circumstances;
I can be prosecuted if I accept Housing Benefit which I know I am not entitled to; and
If you pay me too much Housing Benefit for any tenant, I must repay it. You can take the amount of overpaid benefit from the Housing Benefit I get for any other tenants. This will not affect their rent.

Signature **Date**

IF HOUSING BENEFIT FOR YOUR TENANT IS TO BE PAID DIRECTLY INTO YOUR BANK ACCOUNT, PLEASE TELL US THE FOLLOWING DETAILS

| | |
|---|--|
| Name of Bank/Building Society | |
| Address of Bank/Building Society | |
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|--------------------------------------|--|
| Whose name is the account in? | |
| | |

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|-----------------------|--|--|--|--|--|--|--|--|--|
| Account Number | | | | | | | | | |
| | | | | | | | | | |

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|------------------|--|--|--|--|--|
| Sort Code | | | | | |
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DATA PROTECTION ACT 1998

We must protect the public funds we handle so we may use the information provided on this form to prevent and detect fraud. We may use this information to promote other council services you may be entitled to. We may share this information with other organisations which handle public funds for the same purpose. We may keep information about you on computer. If we do, we will keep to the rules laid down by the Data Protection Act 1998.